



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT

Division of Economic Support

Bureau of Work Support Programs

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

FROM: Stephen M. Dow
Policy Analysis & Program Implementation Unit
Work Programs Section

BWSP OPERATIONS MEMO

No.: 00-44

File: 1115
1115.1
1250.2

Date: 06/16/2000

Non W-2 ☒ **W-2** ☐ **CC** ☐

PRIORITY: High

**SUBJECT: FOOD STAMPS – PRIORITY SERVICE DETERMINATIONS, SETTING
FILING DATES, AND MAIL-IN REVIEWS**

CROSS REFERENCE: Operations Memos 98-04, 99-42, 96-80, 99-76, 99-16.
Code of Federal Regulations 7 CFR 273.2(i).
Food Stamp Handbook, Appendix 21.

EFFECTIVE DATE: Immediately

PURPOSE

This memo provides information about:

- Use of CARES screen ACPA
- Clarification about priority/expedited services
- Use of the 1-page application form
- Setting the filing date for food stamp (FS) applications and late reviews

BACKGROUND

DES has implemented the use of a one-page application form, a mail-in review form and changes from PRWORA legislation in the past several years. DES has also begun monitoring whether agencies are determining eligibility for expedited services properly. All of these processes are interrelated. Changes in how we use CARES screen ACPA along with clarification of the policies will reduce confusion regarding these policies and lead to a higher payment accuracy rate.

SPECIAL NOTE



The following information, discussions and solutions pertain to the Food Stamp Program only.

PRIORITY SERVICE AND EXPEDITED ISSUANCE

Priority Service

“Priority services” refers to whether or not a person should be seen the same day or next working day from date of application.

Expedited Issuance

“Expedited issuance” refers to how quickly CARES will issue food stamps once the case is confirmed and eligible for expedited service (by end of the next business day for stamps and EBT).

Eligibility

Priority service and expedited issuance are designed to get the initial FS allotment to the FS group within 7 calendar days from the date of application.

An FS group may be eligible for priority services and expedited issuance if:

1. Its total monthly gross income and available liquid assets are less than the monthly costs for utilities and rent or mortgage;

-or-

2. Its gross monthly income is less than \$150 and they have \$100 or less in available liquid assets;

-or-

3. Its household includes a migrant/seasonal farm worker, their available liquid assets are less than \$100, the source of their income is from a terminated source and they don't expect to receive more than \$25 from a new source in the next 10 days.



Homelessness is no longer a criteria for priority service/expedited issuance eligibility.

Also, there is no eligibility for expedited services at recertification if the household completes its review before the end of its current certification period.

Although the eligibility criteria is the same for both, CARES determines eligibility for priority service and expedited issuance differently. If a person is eligible for priority services, s/he must be scheduled for a face to face (FTF) interview the same day or next working day. CARES screens CRES (Client Registration driverflow) or ACPS (intake and review driverflows) will indicate if the person should be seen for priority services. It is very important that the CRES and/or ACPS screens be completed using the best information available in order for this

determination to be made correctly. (An FS worker can and should tran to and complete ACPS anytime to determine how quickly a person should be scheduled for the application interview when requesting FS.)

Once a worker completes the intake driverflow (ASII) or the review driverflow (ASER), CARES will determine whether or not the benefits should be an “expedited issuance” based on information entered on all the pertinent screens (not ACPS or CRES). For instance, it will compare assets (AALA) and income (AFEI and AFUI) to shelter costs (AFSC and AFUC) to determine if the household’s income is less than the shelter expenses

The only item of verification required for CARES to issue expedited benefits is “identity”. If there is a “?” in any other verification field, CARES will ignore it and issue expedited benefits. Workers should attempt to verify any items that are readily available, but do not hold up issuing benefits for this reason.

If the person is applying on or before the 15th of the month, CARES will issue month 1 without verification for mandatory fields (other than identity) and will close for month 2. CARES will send a notice for month 2 reminding them that if they want to continue to receive FS, they must submit all requested verification. If the person applies after the 15th of the month, CARES will issue month 1 and 2 at the same time without mandatory verifications (except identity) and will show closing for month 3. In this instance, CARES will also send a notice reminding them to submit requested verification if they wish to continue receiving FS.

There is no eligibility for priority services and expedited issuance at recertification (review) if a household reapplies (completes its review) before the end of its current certification period. However, if the case closes for a lack of review and there is a break in service which requires a new application and a FTF, there may be eligibility for priority services and expedited issuance.

Since clients may be eligible for priority service when reapplying after a break in service, it is important to note that screen ACPS will not come up in the review driverflow unless the ACPA indicator is changed from a “N” to a “Y”. The worker must tran to this screen in order to complete it and determine eligibility for priority service.

For monitoring purposes, if a person was eligible for priority service and expedited issuance and they received their benefits within 7 calendar days, the agency should not be found in error if the priority service screening was not done. However, workers should be aware that this is an error prone area. The best way to prevent this type of error is to tran to ACPS (if it doesn’t come up in the driverflow) and make a priority service determination so clients are seen within the priority service guidelines and issued expedited benefits.

“POP OPENS”

Scenario: A person applies for FS/CC/MA. The worker enters a “Y” for MA and FS. When the application is processed, MA opens, but the gross income exceeds the FS limits so FS do not open.

Until now, workers have been asked to leave “Y” (requesting assistance) for FS on ACPA unless the client states otherwise.

This has been causing problems with FS “popping open” when:

- A worker enters a change reported by client for the open program of assistance.
- CARES completes a batch run such as an FPL adjustment.
- A review is processed and changes are made to the case.

However, policy states that if FS are closed on a case open for another type of assistance and the client experiences a change in circumstances that would make him/her eligible for FS, s/he must reapply for FS. A written request for FS and completion of the FTF application process must occur before FS can open. The day the application is signed is the “filing date” for food stamp benefits. In this type of situation, the following are acceptable as “applications” and will serve to set the filing date once signed and submitted to the agency:

- DES-11605 (1-page Application for Medicaid/BadgerCare and Food Stamps)
- RFA
- CAF (paper or CARES)

DES 11845 (the 1-page Mail-In Review Form) is **NOT** considered an application for benefits, nor will it serve the purpose of setting a filing date when received by the agency.



If a case is open for a program of assistance other than FS and a worker processes a change that would then make the household eligible for FS, it is **not** the worker's responsibility to contact the client to let them know they might be eligible. If the client reports the change and asks whether s/he would be eligible for FS, the worker can put the case in simulation to determine whether or not FS might open. As always, the client should be encouraged to apply for FS as soon as possible in order to set and preserve the filing date.

SETTING THE FILING DATE FOR FOOD STAMP APPLICATIONS

Scenario: An FS case has been opened since 02/00. The 3 month review was due by 4/30/00. The client did not show for the review appointment. It is now May 3 and s/he is calling to request a review appointment.

In this scenario, the client would need to reapply for FS. Any break in service in a FS case will require the person or group to reapply if they wish to receive FS benefits. This will be considered a new application even if the case is closed for less than 30 days. FS cases actually *close* on the last day of the month (the closure is pending between adverse action and the last day of the month). A “*break in service*” means the case closed (the last day of a month) and at least 1 day has passed.

In situations where there has been a “break in service” and a new application is required, the filing date is set when the client does 1 of the following:

1. Completes client registration and submits a signed RFA (if closed more than 30 days);

-or-

2. Submits the signed 1-page application form (DES-11605);

-or-

3. Submits a completed CAF.

VERBAL REQUESTS FOR FOOD STAMPS ARE NOT VALID

In all instances where there has been a break in service, the face to face intake process must be completed in order for FS to be re-opened. DES 11845 (the 1-page Mail-In Review Form) is NOT considered an application for benefits, nor will it serve the purpose of setting a filing date when received by the agency.

MAIL-IN REVIEWS

Scenario 1: A client's review is due 4/30. S/he asks to complete a mail-in review. The worker sends out the mail-in review materials 4/5. It is now 5/4 and nothing has been received back from the client.

If a client chooses to complete their review via the mail-in process and the *mail-in review form* is not received by the agency before the end of the certification period (last day of the month in which the review is due), the case will close for lack of review. The person/group must reapply to receive FS. There is no exception to this rule.

Scenario 2: A client's review is due 4/30. S/he asks to complete a mail-in review. The worker sends out the mail-in review materials 4/5. The signed mail-in review form is received back in the agency on 4/24. Several items need verification which was not returned with the form.

If the mail-in review form is received timely and further verification is required, allow 10 days for the client to submit verification. If that 10 day period extends past the end of the certification period and verification is received within the 10 day verification period, no new application is required and benefits should not be prorated. If the verification is not received within that 10-day verification period, the case is closed and client must reapply to receive FS. The worker should enter “NV” in the verification fields, run SFED and confirm the case. S/he should then tran to ACPA and enter a “N” without rerunning SFED.

Scenario 3: A client's review is due 4/30. S/he asks to complete a mail-in review. The worker sends out the mail-in review materials 4/5. The mail-in review form is received back in the agency on 4/24. The form is not signed.

If the mail-in review form is returned to the agency within the certification period, but is not signed, the form should be returned to the client for signature using CARES free format letter NAFR or a letter developed by the agency for this purpose instructing the client to sign and

return the form to the agency within 10 days. Allow 10 days for the form to be returned. If that 10-day period extends past the end of the certification period and the signed form is received within that 10-day period, no new application is required and benefits should be issued from the first of the month (not prorated). If the signed form is returned after the 10-day period and after the certification period ends, CARES will send a termination notice, there is a break in service and a new application is required to re-open the case. The worker is not required to take any additional steps to contact the client, etc. It is the client's responsibility to reapply if s/he wishes to receive FS. As with any new application, benefits start from the filing date.

Scenario 4: A client's review is due 4/30. S/he asks to complete a mail-in review. The worker sends out the mail-in review materials 4/5. The signed mail-in review form is received back in the agency on 4/24. Client reports on the form that his/her landlord has increased the rent \$10, but does not send verification of the increased rent amount.

If a change in expenses is reported on the mail-in review form, but verification is not submitted with the form, enter "?" in CARES and send the verification checklist letter allowing 10 days to verify those expenses. If the expense verification is not received within 10 days, process the review, but do not allow the deduction.

DES 11845, the 1-page Mail-In Review Form, is NOT considered an application for benefits, nor will it serve the purpose of setting a filing date when received by the agency.

EXCEPTIONS TO LATE REVIEWS:

For non face to face (NFTF) reviews, if a client chooses to complete a NFTF review and the client is not available by phone or the mail-in review is not received by the agency before the end of the certification period (last day of the month in which the review is due), the case will close for lack of review and the person/group must reapply to receive FS. There is no exception to this rule.

If a FTF review is requested or required and it is not completed before the end of the certification period, there are 2 exceptions to whether or not a new application is required after the break in service. Those exceptions include:

1. A break in services caused by the agency (i.e. the client requests a review appointment before the end of the certification period, but no appointment is available before the case closes).
2. If the group contains a member who was a migrant or seasonal worker that received FS in the previous thirty days.

PERSONAL RESPONSIBILITY & WORK OPPORTUNITIES RECONCILIATION ACT (PRWORA)

Most of the processes and procedures outlined above stem from PRWORA legislation. PRWORA has not yet been incorporated into final regulations. We have received clarification on all these issues from the FNS. There may be changes to this process in the future; however, until further notice, a break in service does require a new application and all the above processes and procedures apply.

DECISION/SOLUTION

Workers will tran to CARES screen ACPA and change the requesting assistance indicator from a “Y” to a “N” for FS only if all the following are true:

1. SFED has been run, and
2. The case has been confirmed, and
3. FS are “closed”, and
4. The case is open for another program of assistance

DO NOT rerun SFED after entering N on ACPA because running SFED and confirming again will produce a “not requesting” notice.

The worker will need to change the “N” to a “Y” if the client completes any required steps after benefits are confirmed closed but before the end of the certification period or if the client requests food stamps (after the case is closed).

Using ACPA this way will:

- Prevent “pop opens” from happening when future changes are made to the case,
- Ensure that ACPS comes up in the review driverflow
- Allow CARES to automatically prorate benefits after a break in service which will be less error prone.

The following scenarios should help clarify this new process/procedure.

Scenario 1: “Application” - Person applies for FS/CC/MA. MA and CC open, FS do not. The worker runs ASII, confirms the case, trans to ACPA to flip FS indicator from a “Y” to a “N”. The worker should NOT rerun SFED. Client receives notice approving CC/MA and denying FS. If client’s circumstances change any time after that, they will need to reapply. The worker will need to change the “N” to a “Y” and enter a date on ACPA when the new application is made. If found eligible, benefits will begin from the date on ACPA. (This applies in all circumstances once the application for FS has been denied, even if it is within the initial 30-day application period).

Scenario 2: “Timely Review, Late Verification” - a client’s 3-month FS review was due by 4/30/00. The client shows up for the review appointment on 4/1/00. The client is given 10 days to submit needed verifications. The verifications are not received by 4/11/00, so the worker enters “NV” codes, runs SFED and confirms the closed FS. The worker then trans to ACPA and changes the “Y” to a “N”. If the verification is not received by 4/30 (the end of the certification period), the case will close 5/1 and the client will need to reapply in order to receive FS. If the verification is received before 4/30, the worker removes the “NV” codes, changes the “N” to a “Y” on ACPA, runs SFED and confirms the case. The drawback with this scenario is that the worker must remember that s/he changed ACPA and that s/he must change it back. An alternative to changing ACPA immediately after confirming the closed FS case in this scenario is to send an alert to oneself to change ACPA at the end of the month.

Scenario 3: "Late Review" - A client's FS case has been opened since 02/00. The 3-month review was due by 4/30/00. The client requested a mail-in review on 4/5/00. The review materials were sent out instructing client to return them no later than 4/30. Since the review was not entered before adverse action in 4/00, CARES sends out a closure notice to client for failing to complete the review. A signed mail-in review form is received by the agency on 5/5/00. (The worker would not enter this review into CARES). Because the case closed automatically on 4/30 for lack of review and since no review was completed by deadline, the case remains closed until the client reapplies. Per FNS, the signed, mail-in review form cannot be considered an application for benefits. It will be the client's responsibility to contact the agency to file an application for FS. In this scenario, the case automatically closed, so the worker would not have been confirming the closure and training to ACPA to change the "N" to a "Y". In situations such as this, if a client reapplies for FS, CARES will automatically prorate benefits from the date the worker runs the review driverflow to reopen FS, not necessarily the filing date that was set when client submitted the application. Be sure the date on ACPA reflects the correct filing date.

ONE PAGE APPLICATION FORM (DES 11605)

There has been some confusion regarding the use of this form and how it should be made available to new applicants. BWI Operations Memo 99-42 outlines the purpose of this form. To reiterate, all applicants have the right to file an application for FS on the day of their first contact with a county, tribal, or W-2 agency. The 1-page application form is used when an applicant or potential applicant comes into the office, requests FS or Medicaid, but cannot stay to complete Client Registration in CARES because of their schedule or because there is not sufficient time or personnel to complete Client Registration before the office closes to the public. Mail (if applicant calls) or hand the form to the applicant. The date this signed Application Part 1 form is turned into the office is the filing date.

This procedure was set up to ensure customers are setting their filing date the first day they enter the agency. In some instances, the customer may request to take this form or a FS Application with them. These materials should be made available for the customer to take. However, it is important for the agency representative to explain the that:

1. The filing date cannot be set until the agency receives a signed application and
2. That a priority service determination cannot be made until the signed application form is submitted or client registration completed.

The customer can either complete DES 11605, the first page of the FS Application booklet (paper CAF) or the RFA (after completing client registration) to set the filing date. S/he may, if requested (for any reason), take a blank paper CAF booklet or 1-page application form out of the agency.

PHONE REVIEWS

In BWI Operations Memo 98-04, workers were instructed to have the client "sign the change report form and mail it back to the agency within 10 days" at the conclusion of the telephone interview. We have been informed that a signature on a change report form is not equivalent to a signature on a CAF for purposes of completing a review. Therefore, we are now instructing workers to print a copy of the CAF and mail it to the customer for signature and return to the agency within 10 days. If the signed CAF is not returned to the agency within the

10-day time limit, the case must close for lack of signature. Use closure code #045 on AGOE to close the case.

CONTACT

DES CARES & Policy Call Center	Email:	<u>carpolcc@dwd.state.wi.us</u>
	Telephone:	(608) 261-6317 (Option #1)
	Fax:	(608) 261-6968

Note: Email contacts are preferred. Thank you.